



## **CLAIM FOR REIMBURSEMENT**

State Form 45529 (R / 1-03) / FM 0411

Approved by State Board of Accounts, 2002

## **EXPENDITURES - APPROVED DISTRICT PLANS - TITLE**

Page \_\_\_\_\_ of \_\_\_\_\_ pages

District                          County                          Date (*month, day, year*)

**DISTRIBUTION:** Send white and canary copies of FM 0411 and white and canary copies of FM 0412 and FM 0413 to: Family and Social Services Administration  
Division of Family and Children  
402 West Washington Street, Room W364  
ATTN: Account Clerk  
Indianapolis, IN 46204  
Retain the pink copy in County file.